

FILED NOV 6 1948 318
Registration District No.

Primary Registration District No.

State File No.

Registrar's No. 9173

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County St. Louis Mo
(b) City or town 2121 Walnut
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Hootie Johnson
(b) If veteran, name war 1
(c) Social Security No.

4. Male (b) Sex Tegro (c) Color or race
5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Unknown
(c) Age of husband or wife if alive Unknown

7. Birth date of deceased (Month) 1 (Day) 18 (Year) 1895

8. AGE: Years 53 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name John J. Johnson

13. Birthplace Ark (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Floretta Rodgers

(b) Address 4537 Garfield AVE

17. (a) by Rail (b) Date thereof 10-27-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STUTTGART, ARK

18. (a) Signature of funeral director GUS LOWE

(b) Address 2930 Dickson St.

19. (a) Oct 27 1948 (b) J. B. Rasale (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SO
(c) City or town 2121 Walnut (If outside city or town limits, write "RURAL" and give location)
(d) Street No. 18
(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day 20th year 1948 hour 12:00 minute 36 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Lung abscess

Due to non-tubercular cancer

Due to not known

Other conditions (Include pregnancy within 3 months of death) 11/4/48

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury 3

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 10/23/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Ralph W. Hennon

Licensed Embalmer No. 3791

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.